

IOWA DIVISION OF WORKERS' COMPENSATION

<p>' CLAIMANT,</p> <p>vs.</p> <p>' EMPLOYER,</p> <p>' INSURANCE CARRIER, DEFENDANTS.</p>	<p>FILE NO.</p> <p>HEARING REPORT AND ORDER APPROVING SAME</p>
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Note:

1. This report shall be jointly submitted by all parties before hearing as directed in the Hearing Assignment Order.
2. Disputed cost and medical expense itemizations or summaries should be attached as (a) Hearing Exhibit(s) with reference only to exhibit number.
3. If a bolded issue section is no longer in dispute click on downward arrow on the form to collapse the section to minimize the report size for printing.
4. Select boxes and replace with bolded **X** or ☒ or print the report and handwrite the X or ☒ in the appropriate boxes.

Employer - Employee Relationship at time of (alleged) injury:

1. The existence of an employer-employee relationship at the time of the alleged injury. ☐ Disputed ☐ Stipulated ☐ Not Applicable

2. Claimant sustained an injury which arose out of and in the course of employment on this specific date: **OR** ☐ Disputed ☐ Stipulated ☐ Not Applicable

Claimant sustained a cumulative injury which arose out of and in the course of employment on the following date(s) or approximately on: _____

☐ Disputed ☐ Stipulated ☐ Not Applicable

Explanation [Enter comments (if any) for 1 or 2 above]: _____

Causation to Disability: If no longer in dispute check here ☐.

▶

TTD/HP/TTD Entitlement : If no longer in dispute check here ☐.

▶

PPD Entitlement: If no longer in dispute check here ☐.

Second Injury Fund: Check here if this is not an issue in this case ☐.

Rate of Compensation:

1. Claimant asserts at the time of the alleged injury, claimant's gross earnings were: ☐ Disputed ☐ Stipulated ☐ Not Applicable

Defendant(s) assert(s) at the time of the alleged injury, claimant's gross earnings were: ☐ Disputed ☐ Stipulated ☐ Not Applicable

2. At the time of the alleged injury claimant was ☐ married ☐ single ☐ Disputed ☐ Stipulated ☐ Not Applicable

3. Claimant asserts at the time of the alleged injury, claimant ☐ Disputed ☐ Stipulated ☐ Not Applicable

was entitled to exemptions.

Defendant(s) assert(s) at the time of the alleged injury, claimant ☐ Disputed ☐ Stipulated ☐ Not Applicable

was entitled to exemptions.

4. Claimant asserts the weekly rate to be \$ _____ for temporary benefits and \$ _____ for permanent benefits.

Defendant(s) assert(s) the weekly rate to be \$ for temporary benefits and \$ for permanent benefits.

Explanation [Enter comments (if any) for 1, 2, 3, or 4 above]:

Affirmative Defense(s): If none asserted check here ☐.



Medical Benefits: ☐ Check here if not in dispute
▶ ☐ Asserted ☐ Waived

Medical Issues: If no longer in dispute check here ☐.



Independent Medical Examination: ☐ Check here if not in dispute



Penalty: ☐ Penalty is not being asserted.



Review-reopening: ☐ Check here if not in dispute



Credits against any award ☐ Check here if not in dispute



Other Issues/Stipulations: ☐ None



Costs: Itemization or summary of costs found in Exhibit(s) . ☐ Check here if not in dispute.

Signatures: Agreed and signed by all the parties

Claimant's attorney/Claimant without attorney:

Name: _____

Signature: _____

Second Injury Fund Attorney:

Name: _____

Signature: _____

Defendant(s) attorney:

Name: _____

Signature: _____

Attorney for :

Name: _____

Signature: _____

ORDER

The above report was submitted at the hearing. At that time, it was found to be a correct representation of disputed issues and stipulations and the report was approved and accepted into the record of this case.

Deputy Workers' Compensation Commissioner for the State of Iowa: _____

